



Carmel Mountain Ranch Veterinary Hospital

V.I.P. (Very Important Pet) Club Boarding Form

Owner: _____ Pet's Name: _____
Today's Date: _____ Go Home Date: _____ Pick Up Time: _____
Phone Number (Where you can be reached): _____

Emergency Contact Person/Phone Number (Can authorize treatment if needed) : _____

Diet: OURS OWN
Feed: AM PM BOTH How much: _____ cups
How much: _____ cans

MEDICATION/DOSE	HOW OFTEN	AM/PM
1.		
2.		
3.		

HAS ANY MEDICATION BEEN GIVEN TODAY/WHEN: _____

Initial One: Basic Package _____ Club Package _____ Spa Package _____
Extra Play OR Extra Brushing Extra Play AND Extra Brushing

1. Advantage will be applied (for an additional fee) if fleas or ticks are seen on your pet on admission or during their stay. _____ (Initials)
2. Should your pet run out of food or if the food spoils we will (for an additional fee) purchase the appropriate food necessary for the duration of <his> stay. _____ (Initials)

I understand that should <animal> require medical care while boarding I give my permission for said care. I assume financial responsibility for all charges incurred on behalf of <animal>. I understand that the hospital staff will attempt to reach me, or <animal>'s appointed guardian, by phone. This hospital is hereby given disposition authorization of <animal> unless I, or my authorized agent, pick up and pay all accrued charges for <him> within 14 days after notification that <he> is ready to be released from the hospital.

I wish to admit <animal> _____ Date: _____

Please be aware, this facility like all other day practices is not staffed overnight.
WE ARE NOT RESPONSIBLE FOR ANY LOST ARTICLES